IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

Reset Form

a code ection 8.7 requires all gifts, bequests, and grants given to any department of the space of lows or received by the Governor on behalf of the state be reported to the lows Ethics and Campagn Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be much a copy of this report to the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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Fort Dodge Correctional Facility	
Name of Department or Office	
1550 L Street Mailing Address	Fort Dodge, Iowa 50501
515-574-4700	City, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	FFICE:
Cornell R. Smith	
Name Same	0
Mailing Address (if different from above)	Same City, State, Zip (if different from above)
Comell.Smith@iowa.gov Email Address	515-574-4711
Littali Addiess	Area Code & Telephone Number (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:	
Ruth Collins - FDCF Librarian Name 1550 L Street Fort Dodge, Iowa 5050 Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) Provide a description of the gift, bequest, or grant and purpose there Two (2) boxes of paperback books to be used by containing the con	12-2-08 \$ 10.00 Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any departm	ent of the state or received by the Governor on behalf of the state.

S

ft, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

12-10-08 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of loward received by the Governor on behalf of the state be reported to the lowa Ethics are Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 29 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPART	OR OFFICE RECEI	VING THE GIFT.	BEQUEST.	OR GRANT
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Fort Dodge Correctional Facility		
Name of Department or Office	Fort Dodge, Iowa 50501	
Mailing Address	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT DEBSON FOR DEGIDIENT DES		

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Cornell R. Smith	
Name Same	Same
Mailing Address (if different from above) Comell.Smith@iowa.gov	City, State, Zip (if different from above) 515-574-4711
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Fort Dodge Public Library Name			
424 Central Avenue	Fort Dodge, Iowa 50501		
Mailing Address	City, State, Zip Code	December 8, 2008	\$ 400.00
Area Code & Telephone Numbe	r	Date of Gift, Bequest, or Grant	Amount/Value*
Email Address (optional)		*value is defined as "fair market va receiving department or office. If n	lue" of item as determined by o value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

One set of World Book Encylopedia to be placed in FDCF's library for offenders use.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, 1 (cox) affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature Signature

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

Reset Form

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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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led with 20 days of receipt of the Government Oversight Committed with 20 days of receipt of the gift, bequest, or grant.	tee. This form is required to be CheckedComputer
EPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST,	OR GRANT:
Fort Dodge Correctional Facility	
Name of Department or Office	
Mailing Add	ort Dodge, Iowa 50501 ity, State, Zip Code
s15-574-4700 Area Code & Telephone No.	- Journal of the state of the s
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	
	<i>j</i> E:
Cornell R. Smith Name	
Same	Same
Mailing Address (if different from above)	City, State, Zip (if different from above)
Cornell.Smith@iowa.gov Email Address	515-574-4711
Linui Addiess	Area Code & Telephone Number (if different from above)
Fort Dodge Public Library Name 424 Central Avenue Fort Dodge, Iowa 50501 Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) Provide a description of the gift, bequest, or grant and purpose thereof:	December 8, 2008 \$ 200.00 Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
One set of College Blue Books to be placed in FDCF	's library for offenders use.
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department of	of the state or received by the Governor on behalf of the state.
atement of Affirmation:	

I, ______affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.